

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28677

Registration District No. 449

Primary Registration District No. 4267

Registrar's No.

1. PLACE OF DEATH

(a) County. LACLEDE
(b) City or town. LEBANON
(c) Name of hospital or institution: 710 PEARL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. NEVER
(Specify whether)
In this community. ALWAYS
years, months or days

3. (a) PRINT FULLNAME JAMES Philip Howard

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife. ELLA DODY 6. (c) Age of husband or wife if alive years (Month) (Day) (Year)

7. Birth date of deceased FEB. 13 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 29 hr. min.

9. Birthplace WRIGHT CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER & CARPENTER

11. Industry or business

12. Name T. K. HOWARD

13. Birthplace CAMDEN CO. MO
(City, town, or county) (State or foreign country)

14. Maiden name JOYCE CRAVEN

15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Davis

(b) Address Lebanon Mo

17. (a) BURIAL (b) Date thereof 8-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FULBRIGHT CEM.

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 8-14-41 (b) J. A. McComb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. Laclede
(c) City or town. LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 710 PEARL
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 12
year 1941 hour 4 minute 5 M.

21. I hereby certify that I attended the deceased from July 5
1941 to Aug 12 1941
that I last saw him alive on Aug 2
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage
Due to Hypertension
Due to none

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature James L. Hope (M. D. or other)
Address Lebanon Date signed 8/13/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1632

Date Filed 9-10-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Allyn DeTherage

Registered Apprentice No. 294

working under my personal supervision.

Signed.....

Bob Baker

Licensed Embalmer No. 1161

P. O. Address. *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.